

**WASHINGTON STATE GAMBLING COMMISSION**

LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

APPLICATION FORM:**CHARITABLE / NONPROFIT GAMBLING MANAGER****Fee: \$171.00****(If Changing Organization: \$ 82.00)****☑ Mark Appropriate Category of Manager:**☐ Class "D" or Above Bingo (Primary / Assistant Manager):☐ Primary☐ Assistant☐ Class "C" or Above Punch Board / Pull-Tabs (Primary Manager Only).☐ Paid Employee Responsible for Supervision of the Operation of Progressive Jackpot Pull-Tab Games.☐ Paid Employee Responsible for Supervision of Gambling Managers.☐ Paid Employee Assigned the Highest Level of Authority by the Officers or Governing Board if your Organization:

- Is licensed to receive more than \$300,000 in combined gross gambling receipts; or
- Has established a trust and / or endowment fund and has gambling receipts in excess of \$100,000 contributed to that fund.

Changing organizations?

☐ Yes ☐ No

Previously licensed with the Gambling Commission?

☐ Yes ☐ No**(If Yes, answer Item 2)****** IMPORTANT NOTICE ****Before you complete this application – **you should know:**

That if you perform any of the duties as defined in WAC 230-02-418, the Gambling Commission shall retain your entire license fee whether or not you are granted a license as specified in WAC 230-04-220.

See a reprint of these rules enclosed with this application.

**** GENERAL INSTRUCTIONS / INFORMATION ****

- Make check payable to: **Washington State Gambling Commission**
- You must complete the entire application and all attachments. Place N/A if not applicable.
- Please type or print all answers legibly. Do not use pencil.
- ***If needed***, attach additional documents or explanation sheets.
- ***You are required to provide positive proof of identity.*** Copy of one of these official documents: a birth certification, a valid driver's license, a military identification card, a valid passport, or if you are a registered alien – an alien registration card. You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.
- You are required to attend mandatory training. (See attached WAC 230-04-020(5)(b).)
- Please call if you have any questions.

APPLICANT INFORMATION

1. Full Name: _____

Social Security No.: _____ Date of Birth: _____

Home Address: _____

Street / Box Number

City

State

Zip

County

E-mail Address, if available: _____

(_____) - _____
Home Phone(_____) - _____
Cell Phone(_____) - _____
Work Phone

Val#:

211-

Amount: \$
AGENCY USE ONLY

Date:

APPLICANT INFORMATION (Continued)

2. Have you ever been licensed in another jurisdiction? ☐ Yes ☐ No **If Yes**, was your license ever:
Denied? ☐ Revoked? ☐ Suspended? ☐
(Mark ☒ one and attach an explanation.)

3. List all details of basis for compensation, if any, as a gambling manager.

Salary: _____ Per Hour: _____

Other: _____ Explain: _____

☐ If volunteer member (no salary), please mark ☒.

4. Do you have a financial interest in this licensed bingo premises?

☐ Yes ☐ No **(If Yes, attach an explanation to this application)**

EMPLOYER INFORMATION

5. Name of Licensed Organization: _____

Type of License Held: _____ Class: _____

Premises Address: _____

Street / Box Number

City

State

Zip

County

E-mail Address, if available: _____

Telephone: (_____) _____ - _____ (_____) _____ - _____
Office Fax Number

City Limits: Inside ☐ Outside ☐

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process.

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of an initial application or revocation of any gambling license(s) currently held and will be disclosed to the employer business. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission and my employer (see WACs 230-04-022, 230-12-305, and 230-12-310). I further declare that if I am granted a license(s), I will abide to all the requirements set out in RCW 9.46 and WAC 230, and I understand that if I perform any of the duties as a charitable / nonprofit gambling manager prior to receiving a license, the commission shall retain my entire license fee, whether or not I am granted a license as specified in WAC 230-04-220.

Signature

Date

EMPLOYER AUTHORIZATION

I hereby authorize the applicant to submit this application to become a charitable / nonprofit gambling manager for our organization.

The applicant has begun to perform the duties of charitable / nonprofit gambling manager. Yes ☐ No ☐

Signature of Chief Executive Officer